		EXPENSE C	LAIM Tra	veler ID (DIC	INIAI	STAFF	·			P	age	of	O No Pages
STD. 262 (REV. 10/92) CLAIMANT'S NAME Karen Baker 2			Fiscal Ye	210 SIN OF EMPLOYEE NI IMPER*								DEPA	DEPARTMENT		
Kare	en Bak	er	2008-2	009 2				DIAISIUM UB BIIBETII				OPR		PCA#.	
Secretary of Volunteering and					CB/ID NO: EXEMPT			California Volunteers						TELEPHON	JE NUMBE
SIDEN							111		et Suite	210			OTAT/	916-32	
Sacramento STA			ATE ZIP CODE			1	Sacramento			STATE CA			95814		
) MONTH/YEAR (3)				(4)	(5) MEALS			(6)	<u> </u>		ANSPORTATION			(8)	(9)
Sep 2009 DATE TIME		LOCAT WHERE EXF WERE INC	LOCATION WHERE EXPENSES WERE INCURRED		BREAK- FAST	LUNCH	CI.T.,L/T, N/C, RELO. OR DINNER	INCIDENT- TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	}	(D) TE CAR USE AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSE FOR DA
			•								,		\$0.00		\$0.
3/24	0600 1600	Sac/San Fran	ncisco/Sac								\$8.00	192	\$105.60		\$113.0
													\$0.00		\$0.
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,									VE	7//			\$0.00		\$0
				-			1 00	T 2 1	2009				\$0.00		\$0
							FFICE OF	PLANNING	& PECEARI				\$0.00	:	\$0.
							NO PRIVAT	TRATIVE :	ERVICES				\$0.00		\$0.
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)	SUBT	OTALS	•					,			\$8.00	\$192	l 2 105.6		\$113.
		LUMN CODE (AC	CTG USE ON	Y)											
											CLAIM	TOTAI	- \$	\$	113.6
		TRIP, REMARKS AND D							<u> </u>			/12\	NICHMAL INIC	JEK HUI IBS	
Attended Bay Area Volunteer Leaders Forum and Presidio Trust Lunch											(13) PRIVATE VEHICLE LICENSE NUM 4ybd289				
										(14) MILEAGE RATE CLAIMED					
												AGE		QUINTING E ONLY	OFFIC
												PAID BY REVOLVING FUND CHECK NU \$0.55			
EREB'	Y CERTIF	Y That the above is a true	e statement of the tra	ivel expenses	incurred by	me in accorda	nce with DPA	rules in the s	ervice of the St	ate of 0	California, It	f i ·		\$0	.55
,	/	icle was used, and if mile nave met the requirement	is as prescribed by S	AM Sections	·	0752, 0753, a	nd 0754 perta	ining to vehic	le safety and se	at belt	usage.	EL AMPA E	YAYMENT	IDATE	
. BLAII	MANT'S S	IGNATURE/			LO /	alna	(1971)	A AA	A AP	L			A LIMEIN!	7/5 4	1.0